× *

	228846
(Caption of Case)	OF SOUTH CAROLINA
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)	TRANSPORTATION COVER SHEET
Application for a Class C Charter? Certificate from Rudolph Scott da	DOCKET 2011 - 133 - 1
R-N-5 Courier Service	If this is your first time filing an application with the PSC, you will no have a Docket Number. The Commission will assign one to you. If yo have filed with the Commission before, a Docket Number was assigne and should be entered above.
(Please type or print) Submitted by: Rudolph 5 Soott	Telephone: 803 730 0442
Address: 218 Sommie Rd	Fax: 803 779 4877
Fastover SC 29044	Other: stephone scott @aff. net
NOTE: The cover sheet and information contained herein neither replace	A service of pleadings or other paper
as required by law. This form is required for use by the racing section is required for use of the filled out completely.	
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi RECE	IVE Request to Amend Scope of Authority
Application - Class C Charter MAR 1	F 2011 Request to Amend Tariff (rate increase, etc.)
Class C Charter Bus	Reduces to similarity
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Extuoi:
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Perition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please contact th	e PUBLIC SERVICE COMMISSION at 803-896-5100.

Marine Service

CLEIM CLEIM

Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	RECEIVED	Date: March 15, 2011
CLASS C - CHARTER	MAR 1 5 2011	
Application is hereby made of S.C. Code Ann., § 58-23-	for a Gerlificate of Public Convenies 10, et seq. (1976), and amendments	ence and Necessity, in accordance with the provision s thereto.
. Name under which business	is to be conducted (corporation, partne	nership, or sole proprietorship, with or without trade name.)
	Rudolph Scott abo	2 R-U-5 Coorier Service
	218 Sam Street Address of	mie Rd
	Eastover Mailing Address of Applicant if di	SC 29044
		-
803	730 0442	803 719 - 4877 Fax
	stephone scott	t @ att.net
. If incorporated, a copy of Secretary of State "Forci	f Articles of Incorporation must be agn Corporation" Certificate.)	attached. (If incorporated outside of SC, attach SC
Select Entity Type: (Che Individual Owner/So		
	ames and address of all person havir	ng an interest in the business.
-	ames and addresses of two principal	
- .		
	1 of 9	•

BALANCE SHEET

Balance at Time Application is Filed:

Month March Year 2011

Assets:

3000,00
3000, ⁰⁰
1000.∞
7,000.00
<u> </u>
7000.00

PROPOSED RATES AND CHARGES FOR SERVICE

		£ 11 avven	
Maximum Proposed Rates	and Charges for Service	are as lonows:	
	200.∞-	- mile hour	
Counties to be Served:			
	Statewid	<i>a</i>	,
	Statewia		
			·
	•		
	- Vahialar		
Maximum Number of Pas	sengers per Venicie:	15 pass	
		1 ~ hum	

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MOD	EL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Ford	1999	Econoline	C09131	5900	15 pass
		*			
		•			
		· · · · · · · · · · · · · · · · · · ·			
		······································		•	

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PEOPLES CHOICE INSURANCE FINANCIAL SERVICES

&

8807 Two Notch Rd. Suite C, Columbia, SC 29223

Send to: AROUN Attention: 737-0815 Fax Number: Re:	From: John Sande Date:		- CEIVED
URGENT D REPLY ASAP D PLEASE COMMENT D INFORMATION COMMENTS: RYS COURIER	I PLEASE REVIEW II FOR YO	UR MA	AR 2 5 2011 25,800
	·		
		·	
			•
	FAX CO	VER	

John Sanders: (803) 736-0041 (803) 419-1103 E-phall: peopleschoice002@bellsouth.net

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INSURANCE QUOTE

Form F on file copy

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE CO	MPANY REPRESENTATIVE
The following insurance quote is for:	
$\mathcal{D}X \leq \mathcal{O}$	
ROO LOURIER	
218 1/2 Sammie Rd Eastower 50	00-116
	29044
Address of Motor Carrier	
: !	
Amount of Premium: Limits Quoted: (Se	Below)
Liability Insurance \$ 1,000,000 Limits	
•	
	TEIVED AR 2 5 2011 OFFENANCE
The above quoted premium is for a term of $\frac{1}{2}$ months.	
	AR 25 2011
Minimum Limits - Intrastate Only:	ORSIN
1-7 Passengers \$ 25,000/50,000/25,000	W,W/
8-15 Passengers \$ 25,000/100,000/25,000	,
A.10 A. 2400	
Auto OWNER TUSURANCE Name of Insurance Company	
Name of historance company	
T.O. 50x 210979 (olumbia)	SC 29221
Home Office Address of Company	JC a IA SI
	` ' <u>-</u>
I am familiar with the Commission's Rules and Regulations relating to insurance required meets the minimum insurance limits prescribed. The insurance company making this qu	
South Carolina Department of Insurance to do business in South Carolina.	the is authorized by file
	· .
3/15/2011	
Date Authorized Insurance Company Representa	ive's Signature
	•
The insurance quote must be complete, listing current insurance premiums. At the discretion of t	e Commission, a copy of

* * * Communication Result Report (Mar. 25. 2011 2:22PM) * * *

1) SC Public Service Comm Docketing 2)

Date/Time: Mar. 25. 2011 2:21PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6567 Memory TX	70815	P. 2	OK	

Reason for error

E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 4) No facsimile connection

		dependent greats
PEOPLES CHOICE INSURAN	CE	&
FINANCIAL SERVICES		
8807 Two Notch Rd. Suite C, Columbia, SC 2922	23	
Send to AROLYN	From: _lohn Sande	s
Attention: 737-0815	Date:	
Fax Number:	Fax Number: (866) 3	14-1192 Indipa
Re:	Cover:	RECEIVED
DI URGENT 12 REPLY ASAP DI PLEASE COMMENT DI) Please review (1) for yo	
COMMENTS: RYS COURIER	-	T.T.Q., \$\$,~~
•		
		<u>·</u>
	<u></u>	-
	FAX CO	VER
John Sanders: (803) 735-0041 (803) 419-1103 F-(2-10' <u>neoplescholes/02/@hellszuffi.ne</u>)		

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

AMEND NON-EMER. (hereinafter called Commission)

Filed with SC OFFICE	OF REGULATORY STAFF	(hereinafter called Com	mission) RE	CEIVED
		(Name of Company) ter Drive, Scottsdale, AZ 85258		
(hereinafter called Compa	nny) of8877 N. Gainey Cen	ter Drive, Scottsdale, AZ 85258/ (Home Office Address of Company)		
has issued to RUDOLPH SO	OTT DBA R-N-S COURIER SER (Name of Molor Carrier)	(Home Office Address of Company) VICE of 218 SAMMIE RD., EASTO	OVER, SC 2004 (Address of Motor Carrier)	W.W.W
a policy or policies of insurant said policy or policies and continuous transportations in purisdiction or regulations prowing the continuous promotes and the cancellation may be effected days' notice to commence to	ce effective from October 20, 20 ontinuing until cancelled as proventinuing until cancelled as proventinuing until cancelled as proventinuing until cancelled as proventinuing until cancelled under the company agrees to furnish end by the Company or the insurun from the date notice is actual	12:01 A.M. standard Moded herein, which, by attachment of the Uen amended to provide automobile bodily by the provisions of the motor carrier lath. In the Commission a duplicate original of may not be cancelled without cancellation and provided in the commission and provided in the office of the Commission.	time at the address nilorm Motor Carrier injury and property w of the State in w said policy or polic on of the policy to ing to the State Co	s of the Insured stated in Bodily Injury and Property damage llability insurance high the Commission has lies and all endorsements which it is attached. Such mmission, such thirty (30)
Countersigned at 8877 N. G	Halney Center Prive(Street Address)	Scottsdale(City)	AZ(State)	#5258 (Zip Code)
	day of January			
Insurance Company File No.	CAO0235890	ii)	(Authorized Company I	Representative)
MC 1633a (Ed. 8-99)				IRA 3539 B

ULLIMO UTFICE

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Exhibit FWA

	Rock	olph Scott dba R-U-S Coorier Service Name of Applicant
		Name of Applicant
I	Are there currently any o	outstanding judgments against the Applicant? O No
	If Yes, indicate nature of	f judgement(s) against applicant.
2.		a all statutes and regulations, including safety regulations and governing for-hire mote h South Carolina, and does Applicant agree to operate in compliance with these
	(9-Yes	○ No
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	O Yes	○ No

Exhibit on Driver Qualifications

1.	Applicant underst	ands that all drivers m	ust be a minimum of 18 years of age.
	(1) Yes	○ No	
2.	and such record fr	ands that a certified co com the DMV of the sta he Applicant's busines	py of the driver's three (3) year driving record issued by the SC DMV ate in which the driver is or has been domiciled for such period must is office.
	Yes	O No	
3.	Applicant underst	ands that a criminal his ed in the Applicant's bu	story background check from the state where the driver currently lives usiness office.
	⊕ Yes	○ No	
4.	Applicant underst their possession w state of residence Yes	ν hen operating a charte	perating a vehicle under a Class C Charter Certificate must have in er vehicle, a valid driver's license issued by the SC DMV or the curren
s.	vehicles to drivers	s who are registered, or	Charter Certificate holders are prohibited from employing or leasing required to be registered, as sex offenders with the South Carolina national registry of sex offenders.
	⊘ Yes	O No	
			•

PUHLIC SERVICE CUIMMISSIUN OF SUUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 2921 (

Applicant is familiar with the prevision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA COUNTY OF Richard	Stable Scott
COUNTY OF Kich and	Applicant's Signature
	. •
I, Redolph Scott	, <u>owner</u>
of Rudolph Scott	doa R-N-5 Courier Service,
	Applicant
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.	
	July Soft
	Signature of Applicant's Representative

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8 of 9

Notary Bublic

Commission Expires

SWORN TO BEFORE ME